

LISSDEP Allocation Change Request Form

To request a change in safety seat shipment allocations, submit completed form, no later than the 20th of the month prior to the month of the desired change (i.e., August shipment change must be submitted no later than July 20th). According to vendor agreement, site allocation adjustments can only be processed one time during a six-month period. Refusal of delivery, by a shipment site, without prior allocation change approval will result in freight and handling fees charged directly to that distribution site's agency. Email form directly to Marcia.Franchok-Hill@vdh.virginia.gov. Do not fax.

Health District: _____ Distribution Site: _____

Ship-to Site: _____ Site Address: _____

District Coordinator Name: _____ Email: _____

Site Coordinator Name: _____ Email: _____ Phone: () _____

Select Desired Type(s) of Change:

Revised 05/2020

<input type="checkbox"/>	Increase Convertible Seat Shipment		
Current Number of Convertibles Received	<input type="text"/>	Increase Number of Convertibles Up To	<input type="text"/>

<input type="checkbox"/>	Increase Booster Seat Shipment		
Current Number of Booster Seats Received	<input type="text"/>	Increase Number of Booster Seats Up To	<input type="text"/>

<input type="checkbox"/>	Decrease Convertible Seat Shipment		
Current Number of Convertibles Received	<input type="text"/>	Decrease Number of Convertibles Down To	<input type="text"/>

<input type="checkbox"/>	Decrease Booster Seat Shipment		
Current Number of Booster Seats Received	<input type="text"/>	Decrease Number of Booster Seats Down To	<input type="text"/>

<input type="checkbox"/>	Extra One-Time Shipment	Shipment Delivery Month	<input type="text"/>
Number of Extra Convertible Seats	<input type="text"/>	Number of Extra Booster Seats	<input type="text"/>

<input type="checkbox"/>	Cancel Safety Seat Shipment	Cancellation Effective Month	<input type="text"/>
Cancel Shipment of Convertible Seats	<input type="text"/>	Cancel Shipment of Booster Seats	<input type="text"/>

<input type="checkbox"/>	Change Shipment Schedule To:	<input type="text"/>	Monthly	<input type="text"/>	Every Other Month
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State LISSDEP Coordinator: _____ ☐ Approved ☐ Denied Date: _____

Comments: _____